

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer

Jesse Bushman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 01 2016 To: M M / D D / Y Y Y Y Y Y  
03 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">182787.62</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">180785.17</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5593.00</span>	<span style="border: 1px solid black; padding: 2px;">8782.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">186378.17</span>	<span style="border: 1px solid black; padding: 2px;">191569.62</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">79.90</span>	<span style="border: 1px solid black; padding: 2px;">5271.35</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">186298.27</span>	<span style="border: 1px solid black; padding: 2px;">186298.27</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

<b>I. Receipts</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5593.00	8782.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5593.00	8782.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5593.00	8782.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5593.00	8782.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5593.00	8782.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	79.90	271.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	79.90	271.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79.90	5271.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(iii) from Line 31).....	79.90	5271.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5593.00	8782.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5593.00	8782.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	79.90	271.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	79.90	271.35

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 48  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Mary C Akers**

Mailing Address 1501 Oxford Court

City	State	Zip Code
Elizabethtown	KY	42701-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VisitationBirth&FamiWellnessCtOccupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : SA11AI.12202

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Barbara Anderson**

Mailing Address 4263 Quail Rd.

City	State	Zip Code
Riverside	CA	92507-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self employedOccupation  
Nurse-midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11AI.12108

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Olivia Arakawa**

Mailing Address 1107 N Anderson St

City	State	Zip Code
Tacoma	WA	98406-6815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2016

Transaction ID : SA11AI.12164

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kelly Aten**

Mailing Address 1511 E Forest Ave

City

Wheaton

State

IL

Zip Code

60187-4469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Registered Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

10.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Alice Bailes**

Mailing Address 4001 Calmes Neck Ln

City

Boyce

State

VA

Zip Code

22620-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12181

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Laura Baraona**

Mailing Address 9075 Bethel Rd

City

Gainesville

State

GA

Zip Code

30506-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12204

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy Baron**

Mailing Address 9 Little Indian Trl

City

New Richmond

State

OH

Zip Code

45157-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TriHealth Nurse Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12116

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Rebeca Barroso**

Mailing Address 127 Nina St  
Apt A

City

Saint Paul

State

MN

Zip Code

55102-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthEast Care System

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12196

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Erin Biscone**

Mailing Address 1913 Banks St.

City

Houston

State

TX

Zip Code

77098-5405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12152

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Talia Borgo**

Mailing Address 266 Carl St

# B

City

San Francisco

State

CA

Zip Code

94117-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA11Al.12133**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Heather Bradford**

Mailing Address 527 Kirkland Ave.

City

Kirkland

State

WA

Zip Code

98033-6220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Hlth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11Al.12069**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Ariel Brantley-Dalglish**

Mailing Address 40 NE Fargo St

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11Al.12168**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11Al.12102**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Marisa Bryman**

Mailing Address 4722 N Borthwick Ave

City

Portland

State

OR

Zip Code

97217-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women's Healthcare Assoc. LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11Al.12193**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Brooke A Bucci**

Mailing Address 45118 Voyage Path Apt 106

City

California

State

MD

Zip Code

20619-2464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern MD Women 's Hlth Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11Al.12186**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Clara Buescher**

Mailing Address 11 Maple Juice Ln

City

Cushing

State

ME

Zip Code

04563-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pen Bay Women's Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12117

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Patricia Burkhardt**

Mailing Address 49 Strong Place

City

Brooklyn

State

NY

Zip Code

11231-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Mldwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12139

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Victoria Burslem**

Mailing Address 1073 High Point Dr

City

Nicholasville

State

KY

Zip Code

40356-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12145

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Jillian Cauley**

Mailing Address 811 York St

City

Oakland

State

CA

Zip Code

94610-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12158

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Terri P. Clark**

Mailing Address 5421 S 237th Pl

City

Kent

State

WA

Zip Code

98032-3793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seattle University

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12197

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Mary Kaye Collins**

Mailing Address 3498 NW Federal Highway

City

Jensen Beach

State

FL

Zip Code

34957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Womens Health Specialists

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12075

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Catherine A. Collins-Fulea**

Mailing Address Henry Ford Hospital L&D WP3

City State Zip Code  
 Detroit MI 48202-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Henry Ford Medical Group

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11Al.12150

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Heide Cruikshank**

Mailing Address 3636 Stone Way N  
 # 232

City State Zip Code  
 Seattle WA 98103-8004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 N/A

Occupation  
 Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11Al.12138

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Candace Curlee**

Mailing Address 526 Shanas Lane

City State Zip Code  
 Encinitas CA 92024-2435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11Al.12183

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Esther DeJong**

Mailing Address 950 Picheloup PI

City State Zip Code  
New Orleans LA 70119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alternative Birth Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12206

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Jennifer Demma**

Mailing Address 2828 Aldrich Ave S  
Unit 9

City State Zip Code  
Minneapolis MN 55408-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Tree Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12189

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Lora Dibner-Garcia**

Mailing Address 521 17th St

City State Zip Code  
Brooklyn NY 11215-6042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12218

Amount of Each Receipt this Period

40.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Dawn Durain**

Mailing Address 192 Hopewell Pennington Rd.

City  
Hopewell

State  
NJ

Zip Code  
08525-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12082

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Dawn Durain**

Mailing Address 192 Hopewell Pennington Rd.

City  
Hopewell

State  
NJ

Zip Code  
08525-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12124

Amount of Each Receipt this Period

200.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Jane Dyer**

Mailing Address 10 S 2000 East

City  
Salt Lake City

State  
UT

Zip Code  
84112-5880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Utah

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12208

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca Fay**

Mailing Address 1 Millenium Way

City  
Rockland

State  
MA

Zip Code  
02370-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12187

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Victoria Ferguson**

Mailing Address 1201 S Melville St

City

Philadelphia

State

PA

Zip Code

19143-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12210

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Bronwyn Fleming-Jones**

Mailing Address PO BOX 110549

City

Brooklyn

State

NY

Zip Code

11211-0549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jacobi Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12120

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

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150.00



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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Shaina French**

Mailing Address 992 Spa Rd  
Apt 203

City State Zip Code  
Annapolis MD 21403-5971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Area Midwifery Center

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12219**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Jennifer Friction**

Mailing Address 5800 12th Ave S

City State Zip Code  
Minneapolis MN 55417-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA11AI.12135**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Lillian Funke**

Mailing Address 2014 Dauphine St

City State Zip Code  
New Orleans LA 70116-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Jefferson Med. Ctr

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12115**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kelly Ganster**

Mailing Address 1855 Grovepointe Dr

City State Zip Code  
 Florence KY 41042-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Primary Plus

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11Al.12148**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Verono Gentry**

Mailing Address 3140 Ambergate Drive

City State Zip Code  
 Anchorage AK 99504-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired Nurse Midwife

Retired Nurse Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11Al.12211**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Elaine Germano**

Mailing Address 8 Upper Glenview Drive

City State Zip Code  
 Glenford NY 12433-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Amer College of Nurse-Midwives

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11Al.12217**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Hilary Glass**

Mailing Address 4546 45th Ave SW  
Apt 8

City State Zip Code  
Seattle WA 98116-4155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12165**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Michelle Grandy**

Mailing Address 4026 224th Street SE  
Apt. 7

City State Zip Code  
Bothell WA 98021-8076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Hospital UW Medicine

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12083**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Jackie Gruer**

Mailing Address 4738 Hassman Ct

City State Zip Code  
Cincinnati OH 45223-1694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hygieia

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12100**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Mary K. Guidera**

Mailing Address 3716 Baring St

City

Philadelphia

State

PA

Zip Code

19104-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12089

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Laraine H Guyette**

Mailing Address 1685 Uinta Street

City

Denver

State

CO

Zip Code

80220-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver Health &amp; Hospitals

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12038

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Jolene Hamann**

Mailing Address 5028 Galloping Goose Way

City

Colorado Springs

State

CO

Zip Code

80924-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Springs OB/GYN

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12070

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Taya Hamilton**

Mailing Address 10724 Borgman Ave

City State Zip Code  
Huntington Woods MI 48070-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12175**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Lisa Hanson**

Mailing Address 530 N 16th St Clark Hall 341

City State Zip Code  
Milwaukee WI 53233-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12104**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Emily Hart Hayes**

Mailing Address 10 South 2000 East

City State Zip Code  
Salt Lake City UT 84112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Utah Collg of Nursing

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12195**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 22 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Rosalind A Hirst**

Mailing Address 3191 N. Mtn. View Dr.

City State Zip Code  
 San Diego CA 92116-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

Transaction ID : SA11Al.12192

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Jerrilyn (Jerri) Hobdy**

Mailing Address 2601 Pennsylvania Ave  
 Apt 244

City State Zip Code  
 Philadelphia PA 19130-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Phila Health Action

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

Transaction ID : SA11Al.12190

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Reb Huggins**

Mailing Address 78 NE Monroe St

City State Zip Code  
 Portland OR 97212-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Oregon Clinic~ Wmn Hlth Td

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

Transaction ID : SA11Al.12154

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Jennifer Gwen Jagger**

Mailing Address 3742 NW Boxwood Pl

City

Corvallis

State

OR

Zip Code

97330-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12213

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Maria Kammerer**

Mailing Address 121 Lorton Ave.  
Apt 9

City

Burlingane

State

CA

Zip Code

94010-4333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Holly Powell Kennedy**

Mailing Address 34 Quarry Dock Rd

City

Branford

State

CT

Zip Code

06405-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor of Midwifery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12177

Amount of Each Receipt this Period

40.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Holly Powell Kennedy**

Mailing Address 34 Quarry Dock Rd

City

Branford

State

CT

Zip Code

06405-4655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor of Midwifery

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

90.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12212

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Karoline Kinney**

Mailing Address 145 Manzano St NE  
Apt C

City

Albuquerque

State

NM

Zip Code

87108-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12126

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Christina Kocis**

Mailing Address 39 Summit Street

City

Huntington

State

NY

Zip Code

11743-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stony Brook Univ. Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12151

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Annemarie Krim**

Mailing Address 3444 Kossuth Ave

City State Zip Code  
Bronx NY 10467-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Group

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12205

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Margaret Ladner**

Mailing Address 2043 W Thomas St

City State Zip Code  
Chicago IL 60622-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12129

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Elizabeth Lamme**

Mailing Address 915 E St NW Apt 1001

City State Zip Code  
Washington DC 20004-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed - Student

Occupation  
Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12167

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Lange Kessler**

Mailing Address 163 William Lain Rd.

City

Westtown

State

NY

Zip Code

10998-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11Al.12149

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Annie Leone**

Mailing Address 4260 Broadway

City

New York

State

NY

Zip Code

10033-3757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronx Lebanon Hospital Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11Al.12214

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Amy J. Levi**

Mailing Address 726 Tramway Vista Ct NE  
Unit 1

City

Albuquerque

State

NM

Zip Code

87122-1660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of NM College of Nursing

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11Al.12071

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomo

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11Al.12091

Amount of Each Receipt this Period

100.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Mary Jane Lewitt**

Mailing Address 1171 Lenox Cir NE

City

Atlanta

State

GA

Zip Code

30306-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11Al.12143

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Frances E. Likis**

Mailing Address 4530 Everett Dr.

City

Nashville

State

TN

Zip Code

37215-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American College of Nurse-Midw

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11Al.12119

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Heidi Loomis**

Mailing Address 304 Lamp Post Ln

City

Boalsburg

State

PA

Zip Code

16827-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger Health Group

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12215

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Lisa Kane Low**

Mailing Address 400 N. Ingalls St.  
Ste 3320

City

Ann Arbor

State

MI

Zip Code

48109-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12085

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Lisa Kane Low**

Mailing Address 400 N. Ingalls St.  
Ste 3320

City

Ann Arbor

State

MI

Zip Code

48109-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12125

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Vivian Lowenstein

Mailing Address 1124 Beverly Rd.

City State Zip Code  
Jenkintown PA 19046-3006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Temple Univ. Hospital

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12092

Amount of Each Receipt this Period

100.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Molly A MacMorris-Adix

Mailing Address 4942 NE 34th Ave

City State Zip Code  
Portland OR 97211-7606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Silverton Health Midwives

Occupation  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12221

Amount of Each Receipt this Period

10.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Leilani J Mason

Mailing Address 5011 Napoli Dr

City State Zip Code  
Mount Juliet TN 37122-4361

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vanderbilt University

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12185

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Grace McBride**

Mailing Address 4116 21st Ave S

City

Minneapolis

State

MN

Zip Code

55407-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12137

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Michael M McCann**

Mailing Address 1551 Debra Drive SE

City

Smyrna

State

GA

Zip Code

30080-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellstar/Cobb Gynecologist

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12209

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. William McCool**

Mailing Address 2942 Rising Sun Rd

City

Ardmore

State

PA

Zip Code

19003-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12095

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Michele McMahon**

Mailing Address 186 Darby Creek Way

City State Zip Code  
 Prescott AZ 86301-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11Al.12174**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Laura Meyers**

Mailing Address 209 Kindlewood Dr

City State Zip Code  
 Durham NC 27703-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11Al.12163**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Yolanda Anne Meza**

Mailing Address 8311 Pioneer Drive

City State Zip Code  
 Anchorage AK 99504-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11Al.12182**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Claire Michelsen**

Mailing Address 2217 W Thomas St # 1

City

Chicago

State

IL

Zip Code

60622-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMG Women's Healthcare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12191

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Mary Kay Miller**

Mailing Address 2665 State Road 580

City

Clearwater

State

FL

Zip Code

33761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Countryside OB/GYN,

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12114

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Tonia Moore-Davis**

Mailing Address 1436 Station Four Lane

City

Old Hickory

State

TN

Zip Code

37138-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12203

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kathleen Moriarty**

Mailing Address 21579 Sunflower Rd

City

Novi

State

MI

Zip Code

48375-5347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12087

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Childbirth Center, LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12113

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Sarah Morrow**

Mailing Address 308 New York Ave

City

Salisbury

State

MD

Zip Code

21801-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12110

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Marcie Mullins**

Mailing Address 11745 Forest Dr

City

Pinckney

State

MI

Zip Code

48169-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

**Transaction ID : SA11Al.12184**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Nicole Murn**

Mailing Address 16854 Country Club Dr

City

Livonia

State

MI

Zip Code

48154-2174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	6

**Transaction ID : SA11Al.12178**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Patricia Murphy**

Mailing Address 330 S 1200 E

City

Salt Lake City

State

UT

Zip Code

84102-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American College of Nurse-Midw

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	6

**Transaction ID : SA11Al.12123**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

A. Linda Nanni

Mailing Address 247 Cornell Rd

City  
Westport

State Zip Code  
MA 02790-5011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Women'sCare/Women&InfantsHosp

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12086

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Angelita Nixon

Mailing Address P.O. Box 213

City  
Scott Depot

State Zip Code  
WV 25560-0213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scenic Drive Midwives

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12207

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

c. Laura Oki

Mailing Address 4331 Amberwood Ave

City  
Reno

State Zip Code  
NV 89509-7009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Women's Health Center

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.12097

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Hannah Pajolek**

Mailing Address 1406 E Republican St # 405

City State Zip Code  
 Seattle WA 98112-4562

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

Transaction ID : SA11AI.12169

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Elisa L Patterson**

Mailing Address 1535 Taft Ct

City State Zip Code  
 Louisville CO 80027-1021

FEC ID number of contributing federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

Transaction ID : SA11AI.12180

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Karen Perdion**

Mailing Address 836 W Pennsylvania Avenue  
Apt. 117

City State Zip Code  
 San Diego CA 92103-3856

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ. of CA, San Diego

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

Transaction ID : SA11AI.12153

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Jeanine M Pfundt**

Mailing Address 5852 8 Mile Rd.

City

State

Zip Code

Bay City

MI

48706-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Delivery Inc.

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

**Transaction ID : SA11AI.12132**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Jennifer Poell**

Mailing Address 2045 W Thomas St

City

State

Zip Code

Chicago

IL

60622-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Alivio Medical Center

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12201**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Diane Reseigh**

Mailing Address 17400 Wakenden

City

State

Zip Code

Redford

MI

48240-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University Physicians Group

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12127**

Amount of Each Receipt this Period

13.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

113.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Helene Rippey**

Mailing Address 1612 SW Upland Dr.

City State Zip Code  
Portland OR 97221-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence St Vincent Hosp.

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12198

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Shelby Robertson**

Mailing Address 10 Rosewood Dr

City State Zip Code  
Clifton Park NY 12065-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.12173

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Catherine Ruhl**

Mailing Address 1409 Silver Ave SE

City State Zip Code  
Albuquerque NM 87106-4832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Hospital

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SA11AI.12155

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Kerri D Schuiling**

Mailing Address 47 Oak Hill Dr

City

Marquette

State

MI

Zip Code

49855-9446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Michigan University

Occupation

Provost and Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12106

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Melissa Scott**

Mailing Address 600 Candelaria Rd NW  
Apt B

City

Albuquerque

State

NM

Zip Code

87107-2482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12136

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Ebony Simpson**

Mailing Address 1004 Houston Ave  
Apt 3

City

Silver Spring

State

MD

Zip Code

20912-7315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12170

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Angelina Skokan**

Mailing Address 3868 NE Flanders St

City

Portland

State

OR

Zip Code

97232-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12166

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Joan Slager**

Mailing Address 3681 S 26th Street

City

Kalamazoo

State

MI

Zip Code

49048-9611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Women's Service

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 01 / 2016

Transaction ID : SA11AI.12096

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Tracy Stevens**

Mailing Address 2222 NE 130th Ave

City

Portland

State

OR

Zip Code

97230-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12162

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Letitia Sullivan**

Mailing Address 7284 E Palo Chino Ct

City State Zip Code  
 Gold Canyon AZ 85118-4980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11AI.12072**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Tanya S. Tanner**

Mailing Address 11164 Cherokee Street

City State Zip Code  
 Northglenn CO 80234-3918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : SA11AI.12073**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Katie Temes**

Mailing Address 164 Mansfield St

City State Zip Code  
 New Haven CT 06511-3538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

**Transaction ID : SA11AI.12160**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Joanne Tennyson**

Mailing Address 477 Dickinson St.

City

Memphis

State

TN

Zip Code

38112-4956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12220**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Mary C Thompson**

Mailing Address 4904 Razorback Run

City

Syracuse

State

NY

Zip Code

13215-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crouse Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11AI.12188**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Eileen Joyce Thrower**

Mailing Address 174 Old Stagecoach Rd

City

Carrollton

State

GA

Zip Code

30116-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newnan OB-GYN

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11AI.12111**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

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120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Stephanie N Tillman**

Mailing Address 1111 W 15th St  
Unit 212

City State Zip Code  
Chicago IL 60608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Illinois at Chicago

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11Al.12112**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Lacy Tipton**

Mailing Address 7563 Old Bridge Rd

City State Zip Code  
Leavenworth WA 98826-9333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Confluence Health

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11Al.12172**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Robin Tucker**

Mailing Address 5227 Chillum PI NE

City State Zip Code  
Washington DC 20011-6417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

**Transaction ID : SA11Al.12161**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Phyllis Turk**

Mailing Address 313 7th Ave.

City State Zip Code  
 Radford VA 24141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2016

**Transaction ID : SA11Al.12157**

Amount of Each Receipt this Period

100.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **B. Diane E. Utz**

Mailing Address 3724 Jefferson St

City State Zip Code  
 Kansas City MO 64111-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Women's Healthcare Grp

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11Al.12140**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

## **C. Tanya Marie Vaughn-Deneen**

Mailing Address 52445 Rejoice Dr

City State Zip Code  
 Macomb MI 48042-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakland-Macomb OB/GYN

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2016

**Transaction ID : SA11Al.12142**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Monica Viera**

Mailing Address 13640 Roscoe Blvd

City

Panorama City

State

CA

Zip Code

91402-3904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA11Al.12156**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Vanna Waldron**

Mailing Address 8533 Ashworth Ave N

City

Seattle

State

WA

Zip Code

98103-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA11Al.12134**

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Anne L Walters**

Mailing Address 4675 S Huron Street

City

Englewood

State

CO

Zip Code

80110-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

All About Womens Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11Al.12122**

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Suzanne Wertman**

Mailing Address 2104 Metts Ave

City

Wilmington

State

NC

Zip Code

28403-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Planned Parenthood Health Sys.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12194

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Amy White**

Mailing Address 447 Camille Rd

City

Coldwater

State

MS

Zip Code

38618-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12159

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Melissa Wilmarth**

Mailing Address 11493 Hadar Drive

City

San Diego

State

CA

Zip Code

92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12176

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Wilson-Liverman**

Mailing Address 7964 Hooten Hows Rd.

City  
Nashville

State  
TN

Zip Code  
37221-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Ctr for Womens Hlth

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12216

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**B. Michal Wright**

Mailing Address 1144 Bartram Trace Rd

City  
Rayle

State  
GA

Zip Code  
30660-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

03 / 29 / 2016

Transaction ID : SA11AI.12171

Amount of Each Receipt this Period

20.00

☐ Memo Item

March 2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Emily A Yeast**

Mailing Address 83 Regent St #3

City  
Saratoga Springs

State  
NY

Zip Code  
12866-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women's Care OBGyn

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 07 / 2016

Transaction ID : SA11AI.12147

Amount of Each Receipt this Period

50.00

☐ Memo Item

March 2016 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

5593.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 7810 Old Branch Avenue

City Clinton      State MD      Zip Code 20735

Purpose of Disbursement  
Bank of America fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2016
**Transaction ID : SB21B.12225**

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal INC**

Mailing Address 4100 Solutions Center #774100

City Chicago      State IL      Zip Code 60677

Purpose of Disbursement  
PayPal fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2016
**Transaction ID : SB21B.12224**

Amount of Each Disbursement this Period

59.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

79.90

**TOTAL** This Period (last page this line number only)..... ►

79.90